

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10664638

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1							51							
2	1							52							
3	1							53							
4		2						54							
5		2						55							
6		2						56							
7		90						57							
8		12						58							
9		12						59							
10		12						60							
11		12						61							
12		12						62							
13	1							63							
14		1						64							
15		2						65							
16	1							66							
17		21						67							
18		12						68							
19		12						69							
20		230						70							
21		12						71							
22								72							
23								73							
24								74							
25								75							
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43								93							
44								94							
45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.	5							TOTAL IND.							
TOTAL DEP.	21							TOTAL DEP.							
TOTAL CLAIMS	26							TOTAL CLAIMS							

21
5
26